

ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD

Civil Action No. 06-301

Plaintiff,

v.

1. CHRISTIANA CARE HEALTH SYSTEMS
2. MR. RICHARD BURTON
3. MRS. CLARA CLARK

Defendants,

2006 MAY -8 PM
(FMLA) ACT
S.C. Code ANN. Title 1
CHAPTER 1
TITLE 18 SECTION 2304
TO 2318, SECTION
502, ERISA, 29
U.S.C. 1001,

COMPLAINT

CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
FILED
Clerk
General

1. Plaintiff, STEPHANIE LYNN FORD, resides at 19 Albany Ave. Newcastle, Delaware 19720.
2. Defendant, CHRISTIANA CARE HEALTH SYSTEMS resides at , or its business is located at Christiana Care Health Systems 200 Hygeia Drive Newark, Delaware 19713.
3. Defendant, MR. RICHARD BURTON / Professional Job Recruiter / resides at , or its business is located at Christiana Care Health Systems 200 Hygeia Drive Newark, Delaware 19713.
4. Defendant, Mrs. Clara Clark/ Medical Records Supervisor / resides at , or its business is located at Christiana Care Health Systems 200 Hygeia Drive Newark, Delaware 19713.
5. I the Plaintiff, Stephanie Lynn Ford have been working at the Christiana Care Health Systems for 17 years from August 24, 1987 to October 28, 2003, I was in a Hit & Run Automobile Accident on October 28, 2003, my injuries are CERVICAL THORACIC LUMBOSACRAL STRAIN, S/P R SIDED RIB TRAUMA, BILATERAL HAMSTRING STRAIN , R SHOULDER ARM AND FOREARM STRAIN. PLEASE SEE DOCTORS NOTES.
6. On April 12, 2004, I the Plaintiff, Stephanie Lynn Ford was released by the Dr. Ross Ufberg to return to work.

7. On April 13, 2004 I the Plaintiff, Stephanie Lynn Ford was cleared for work by the Christiana Care Health Systems Employee Nurse and were assigned a job recruiter by the Human Resources Department for a job placement. Assigned job recruiter Mr. Richard Burton setup an appointment with me for April 16, 2004, at 2:00 p.m.. The Defendant Mr. Richard Burton instructed me to apply online for employment and that my old clerk 03 position in the Radiology Department has been filled.
8. On April 23, 2004, I the Plaintiff Stephanie Lynn Ford called the Defendant via-telephone Mr. Richard Burton in reference to a job placement and he directly told me to "FIND OTHER EMPLOYMENT AT ANOTHER CORPORATION".
9. I the Plaintiff , Stephanie Lynn Ford called the Defendant Mr. Richard Burton on April 27, 2004 at 9:30 a.m. No return phone call or response, on April 30, 2004 No return phone call or response from the Defendant.
10. I the Plaintiff, Stephanie Lynn Ford have applied for 29 jobs at the Christiana Care Health Systems from April 12, 2004, PLEASE SEE INTENSIVE JOB SEARCH LOG SHEETS.
11. On May 28, 2004 , I the Plaintiff Stephanie Lynn Ford applied for the position in the Medical Records Health Information Management Department as a Clerk 03 position . ' I THE PLAINTIFF STEPHANIE LYNN FORD WANT TO INFORM THE COURT THAT I HAD PREVIOUS WORKED IN THIS SAME POSITION PRIOR FOR 9 YEARS AND WAS REFUSED THIS POSITION BY THE DEFENDANT MRS. CLARA CLARK.
12. I the Plaintiff Stephanie Lynn Ford called the Defendant Mrs. Clara Clark via-telephone and explain my situation to her about the accident, and that I needed a job and wanted to work, Consequently, she refused me the position.
13. CLAIM ONE : I THE PLAINTIFF STEPHANIE LYNN FORD am raising the issue of the unlawful misconduct and that the Defendant , Christiana Care Health Systems wrongfully terminated me . The Defendant , refuse to placed the Plaintiff in a job position without any due process of the law. The Defendant , Christiana Care Health Systems is in violation of the FAMILY MEDICAL LEAVE ACT OF 1993, (FMLA) , In violation of the DISABILITY DISCRIMINATION LAW ACT, In violation of the FAIR EMPLOYMENT PRACTICE LAW ACT, In violation of the TITLE 18 SECTION 2301 TO 2318 , SECTION 502 , ERISA , 29 U.S.C. 1132 .

As a result, The Defendant, CHRISTIANA CARE HEALTH SYSTEMS terminated the Plaintiff, Stephanie Lynn Ford PENSION PLAN BENEFITS, LIFE INSURANCE POLICY, MEDICAL BENEFITS, DENTAL INSURANCE PLAN, LONG TERM DISABILITY BENEFITS , PERSONAL ACCIDENT INSURANCE , PLAINTIFF , STEPHANIE LYNN FORD WAS FORCED TO CASH IN 401K PLAN TO PAY MORTGAGE .

14. CLAIM TWO: I THE PLAINTIFF STEPHANIE LYNN FORD am raising the issue of the unlawful misconduct and that the Defendant , Mr. RICHARD BURTON / JOB RECRUITER wrongfully without any due process of the law told the Plaintiff , Stephanie Lynn Ford quote " FIND OTHER EMPLOYMENT AT ANOTHER CORPORATION " end quote, The Defendant , Mr. Richard Burton wrongfully refused to placed the Plaintiff , Stephanie Lynn Ford in a position equal to my pay or any position that were available. After , I the plaintiff Stepahnie Lynn Ford have applied for 29 job positions at the Christiana Care Health Systems including the job I had Previously worked in for 9 years in the Medical Records Department. I spoke with the Defendant Mrs. Clara Clark by via- telephone and she refused me employment as well. Because of the misconduct and Employment Discriminatory action the Defendant Mr. Richard Burton is in violation of the FAMILY MEDICAL LEAVE ACT OF 1993 , (FMLA) , In violation of the DISABILITY DISCRIMINATION LAW ACT, In violation of the FAIR EMPLOYMENT PRACTICE LAW ACT, In violation of the TITLE 18 SECTION 2301 TO 2318 , SECTON 502 , ERISA , 29 U.S.C. 1132.

As a result , the Defendant Mr. Richard Burtons' misconduct caused the Plaintiff Stephanie Lynn Ford To LOSS PENSION PLAN BENEFITS, LIFE INSURANCE POLICY , MEDICAL BENEFITS , DENTAL INSURANCE PLAN , LONG TERM DISABILITY BENEFITS , PERSONAL ACCIDENT INSURANCE , PLAINTIFF, STEPHANIE LYNN FORD WAS FORCED TO CASH IN 401K PLAN TO PAY MORTGAGE.

15. CLAIM THREE: I THE PLAINTIFF, STEPHANIE LYNN FORD am raising the issue of unlawful Misconduct and that the Defendant , Mrs. CLARA CLARK wrongfully refused me employment in the Medical Records Department the position I had previously worked in prior for 9 years without any Due process of the law. The Defendant CLARA CLARK is in violation of the FAMILY MEDICAL LEAVE ACT OF 1993, (FMLA) , In dilatation of the DISABILITY DISCRIMINATATION LAW ACT, In violation of the FAIR EMPLOYMENT PRACTICE LAW ACT, In violationn of the TITLE 18 SECTION 2301 TO 2318 ,SECTION 502, ERISA , 29 U.S.C. 1132.

As a result , The Defendant, Mrs. CLARA CLARK caused the Plaintiff , Stephanie Lynn Ford to LOSS PENSION PLAN BENEFITS, LOSS LIFE INSURANCE POLICY , MEDICAL BENEFITS, DENTAL INSURANCE PLAN , LONG TERM DISABILITY BENEFITS , PERSONAL ACCIDENT INSURANCE , PLAINTIFF , STEPHANIE LYNN FORD WAS FORCED TO CASH IN 401K PLAN TO PAY MORTGAGE.

16. RELIEF: WHERFORE , PLAINTIFF STEPHANIE LYNN FORD , ASK THIS HONARABLE COURT TO GRANT PLAINTIFFS' MOTION AGAINST THE DEFENDANTS.

17. The Plaintiff , Stephanie Lynn Ford am requesting this HONORABLE COURT to grant Monetary damages in the amount of \$ 100,000 DOLLARS for PAIN AND SUFFERING MENTAL ANGUISH, LOSS PENSION BENEFITS , LOSS MEDICAL BENEFITS, WRONGFULLY TERMINATION OF EMPLOYMENT , LOSS DENTAL INSURANCE BENEFITS, LOSS \$ 75,000 DOLLARS LIFE INSURANCE POLICY , LOSS LONG TERM DISABILITY INSURANCE , LOSS PERSONAL ACCIDENT INSURANCE , Plaintiff is ALSO, IS REQUESTING LOSS WAGES WITH INTEREST, PLUS COURT COST AND ATTORNEY FEES.

Stephanie Lynn Ford
19 Albany Ave.
New Castle, Delaware
19720
May 8, 2006

06-301

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS <i>Stephanie L. Ford</i>		DEFENDANTS <i>1. Christian Care Health Systems, 2. Mr. Richard Burton, 3. Mrs. Clara Clark</i> County of Residence of First Listed Defendant <i>NEWCASTLE</i> (IN U.S. PLAINTIFF CASES ONLY)
(b) County of Residence of First Listed Plaintiff <i>NEWCASTLE</i> (EXCEPT IN U.S. PLAINTIFF CASES)		NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.
(c) Attorney's (Firm Name, Address, and Telephone Number)		Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)		III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)
<input checked="" type="checkbox"/> 1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)	Citizen of This State <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 Incorporated or Principal Place of Business In This State <i>NEWCASTLE</i> <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	Citizen of Another State <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State <i>NEWCASTLE</i> <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
		Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 4 Foreign Nation <input type="checkbox"/> 5 <input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)															
CONTRACT <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input checked="" type="checkbox"/> 151 Medicare Act <input checked="" type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise		TORTS <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input checked="" type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property		FORFEITURE/PENALTY <input type="checkbox"/> 362 Personal Injury - Med, Malpractice <input checked="" type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input checked="" type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 444 Welfare <input checked="" type="checkbox"/> 445 Amer. w/ Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/ Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights		PROPERTY RIGHTS <input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other		LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input checked="" type="checkbox"/> 790 Other Labor Litigation <input checked="" type="checkbox"/> 791 Empl. Ret. Inc. Security Act		SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))		FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609		OTHER STATUTES <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/ Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes	

V. ORIGIN (Place an "X" in One Box Only)							
<input type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from another district (specify) _____	<input type="checkbox"/> 6 Multidistrict Litigation	<input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment	

VI. CAUSE OF ACTION		Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <i>EMCA TITLE IS SECTION 201TD28R</i>					
		Brief description of cause:					

VII. REQUESTED IN COMPLAINT:		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23	DEMAND \$ <i>\$100,000</i>	CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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VIII. RELATED CASE(S) IF ANY		(See instructions): <i>JUDGE</i>		DOCKET NUMBER			
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DATE <i>5/8/06</i>	SIGNATURE OF ATTORNEY OF RECORD <i>Stephanie L. Ford</i>						
FOR OFFICE USE ONLY							

RECEIPT # _____ AMOUNT _____ APPLYING IFF _____ JUDGE _____ MAG. JUDGE _____

AO FORM 85 RECEIPT (REV. 9/04)

United States District Court for the District of Delaware

0 6 - 3 0 1

Civil Action No.

ACKNOWLEDGMENT
OF RECEIPT FOR AO FORM 85

NOTICE OF AVAILABILITY OF A
UNITED STATES MAGISTRATE JUDGE
TO EXERCISE JURISDICTION

CLERK US DISTRICT COURT
DISTRICT OF DELAWARE

2006 MAY -8 PM 1:08

I HEREBY ACKNOWLEDGE RECEIPT OF 4 COPIES OF AO FORM 85.

5-8-06

(Date forms issued)

Stephanie L. Ford
(Signature of Party or their Representative)

Stephanie L. Ford
(Printed name of Party or their Representative)

Note: Completed receipt will be filed in the Civil Action



Life Insurance Conversion Notification of Conversion Privilege

Unum Life Insurance Company of America

06-301

Employer completes this section

Company Name <i>Christiana Care</i>	Group Policy and Division Numbers <i>530503</i>		
Employee's Name (Last, First, MI) <i>FORD STEPHANIE L</i>	Social Security Number	Date of Birth / /	
Dependent Name (if converting dependent coverage)	Dependent Social Security Number	Dependent Date of Birth / /	
Group life insurance benefits were: <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Reason for Termination:	Date of termination or reduction / /	Amount of coverage lost \$ <i>75,000</i>
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Disability (Date last worked) <i>10/27/2003</i>	
If yes, see (waiver of premium) Extension of Employee Life Insurance provision of the group contract, if available under the group plan.		Was the group life coverage previously assigned? (collateral/absolute) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Employee submitted a claim for extension of group benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date <i>5/19/04</i>	

Employer Signature: *Michele Hancock*Date *5/19/04*

Employee Information

1. Conversion rights - When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to an individual whole life policy or you may purchase one year term insurance. If you purchase the term insurance, your policy will automatically be renewed at your attained age as a whole life policy at the end of the year, provided the premium is paid on the anniversary.

You may purchase either of the above options without having to provide evidence of insurability.

2. Start conversion within 31 days - Your life insurance coverage under your employer's group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

If you do not apply within 31 days, the option to convert may no longer be available to you.

How to apply for conversion.

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it with this form and your first premium payment (made payable to Unum) to:

Unum
Conversion Unit
2211 Congress Street
Portland, Maine 04122-1350

3. Amount of coverage you can buy - When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan. See above "Amount of coverage lost" for reference.

EXAMPLE: You had \$50,000 of life insurance, but when you reached a certain age, your coverage was reduced to \$30,000. You want to convert to an individual policy. You still have \$30,000 of coverage under your group policy, so you can buy up to \$20,000 of individual coverage.

4. Cost of an individual policy - The rate table on the back of this form shows the cost of an individual policy. If your rate is not listed, please call Unum at the number shown in the Additional Information section. Rates are not guaranteed and are subject to change.

Additional Information - If you have any questions, please call a Unum representative at 1-800-343-5406.

SPECIAL INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please read instructions on the reverse side of the application in full.

- If Applicant is other than the Insured, please provide Applicant's address and Social Security Number in question 1 b. Be sure to provide us with the Group Policy Number and Employer Name in question No. 2.
- Any changes made to your answers must be initialed and dated.
- Someone other than the Insured or Applicant must sign as witness.
- (Question 10) Please provide Name(s), relationship(s) and ADDRESS(ES) of beneficiary(ies).

I have been notified of my right to convert. I understand that I must exercise my right to convert within 31 days of the date my group insurance terminates.

Employee Signature:



RAMUNNO, RAMUNNO & SCERBA, P.A.

ATTORNEYS-AT-LAW

903 N. FRENCH STREET

WILMINGTON, DELAWARE 19801-3371

(302) 656-9400

FAX (302) 656-9344

L. VINCENT RAMUNNO
LAWRENCE A. RAMUNNO
DAVID R. SCERBA
GLENN C. WARD*
VINCENT RAMUNNO, JR.
LOUIS JOSEPH RAMUNNO
*Also Admitted in PA

MIDDLETOWN OFFICE
702 ASH BOULEVARD
MIDDLETOWN VILLAGE SHOPPING CENTER
MIDDLETOWN, DE 19709
(302) 376-9100

June 11, 2004

Corporal E. Thompson
Delaware State Police
Troop 6
3301 Kirkwood Highway
Wilmington, DE 19808

Re: My client: Stephanie Ford

Date of automobile accident: October 27, 2003

Driver: Stephanie Ford / Other driver: unknown

Location of accident: w/b De. 4, West Newport Pike

Complaint number: 06-03-124554

Dear Corporal Thompson,

Please be advised that I represent Ms. Stephanie Ford for the personal injuries she sustained in an automobile accident on October 27, 2003.

I am enclosing a copy of the accident report in which you were the investigating officer.

In reviewing the report, you list witness #1 as Amy B. Hinton, WF 30, 189 Williamette Drive, Bear, Delaware 19701, 832-7802. Traveling behind V2. However, the information we have as to the witness in this accident is Amy F. Slawski-1011 Kendall Road, Wilmington, Delaware 19805, 994-8339. I have also spoken with Ms. Slawski and she is indeed a witness to this accident.

Please advise if Amy B. Hinton is an additional witness to this accident or if the witness information is incorrect. If it is incorrect would you please send me a supplemental report indicating same.

Very truly yours,


LAWRENCE A. RAMUNNO

LAR/sah
enclosures
cc: Ms. Stephanie Ford



CHRISTIANA CARE

PO Box 1668
Wilmington, Delaware 19899-1668

302-733-1000

June 3, 2004

Stephanie Ford
19 Albany Ave.
New Castle, DE 19720

Dear Stephanie:

We have concluded our recruit for the Clerk VI position in the Surgi-Center Pre-Op Registration.

Our interviewing has concluded and we have selected another individual for the position. The person selected had the skills and background best suited to the particular needs of this position.

Thank you for your interest in this position. We will keep your application information on our database and we encourage you to visit our web site at www.christianacare.org for future opportunities. You can conveniently update your application, listing new skills, education, training and work experience 24 hours a day from your home computer.

Sincerely,

Kelly Whitmarsh/mm
Kelly Whitmarsh
Professional Recruiter



CHRISTIANA CARE

PO Box 1668
Wilmington, Delaware 19899-1668

302-733-1000

May 11, 2004

Stephanie Ford
19 Albany Ave.
NewCastle, DE 19720

Dear Stephanie:

We have concluded our recruit for the Clerk VI - FT 80D position in 15945 -
Perioperative Eval/Prep CH.

Our interviewing has concluded and we have selected another individual for the position.
The person selected had the skills and background best suited to the particular needs of
this position.

Thank you for your interest in this position. We will keep your application information
on our database and we encourage you to visit our web site at www.christianacare.org for
future opportunities. You can conveniently update your application, listing new skills,
education, training and work experience 24 hours a day from your home computer.

Sincerely,

RB

Richard Burton
Professional Recruiter



CHRISTIANA CARE

S L FORD

19 ALBANY AVENUE
NEW CASTLE DE 19720

01-15-2002

This statement confirms the choices you made for 2002 under the Christiana Care Flex Plus Program.

222-56-5931

We will only accept changes that are typographical errors.

Make corrections directly on this form and return it to the BENEFITS/RECORDS SECTION, WILM HOSPITAL. VNA employees return form to HUMAN RESOURCES, NEW CASTLE.

Benefit Plan	Option	Family Code	Cost Per Pay
Long Term Disability	A		\$2.37
Life Insurance (Emp)	C	E	\$3.26
Personal Accident Ins.	B	E	\$0.55
Health Care: Medical	ADVANTAGE: YOU ONLY		\$129.87
Dental	B	E	\$13.80
Health Care Account			\$0.00
Dependent Care Account			\$0.00
Total Cost:			\$149.85
Total Benefit Dollars:			\$144.59
		Flex Amount:	\$5.26-

Medical Dependent Name	Soc. Sec. #	Birth Date
S.		
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Please compare this confirmation to your flex enrollment form. If we do not hear from you within ten days, we will assume these selections are correct. This statement confirms that we have your permission to add/deduct the flex amount to/from your pay.

You may obtain any of the medical plan booklets by calling Benefits. For CCHS call 428-5794. For VNA call 325-7406.

Form:C1



4755 Ogletown-Stanton Road
PO Box 6001
Newark, Delaware 19718-6001

302-733-1000

April 19, 2004

Stephanie Ford
19 Albany Ave.
New Castle, DE 19720

Dear Stephanie:

As a follow-up to our telephone conversation this morning, I am writing to you concerning your current leave of absences. Christiana Care's leave of absence policy provides a twenty-four week maximum for leave of absence in a 12 month period for medical reasons. You have reached this twenty-four week limit as of **04/13/04**, therefore it will be necessary to remove you from Christiana Care's payroll effective this date.

If you are covered under Christiana care's long term disability plan, you should contact Debra Lewis at 428-5764 so that paperwork can be forwarded to you to apply for this benefit. Your removal from payroll will have no effect on any benefit you may qualify for under the disability plan. Following your termination from payroll, you will receive a notice which outlines your right to convert life insurance and to continue health and dental coverage and the rate you will be required to pay to maintain coverage. If you have any questions about benefit coverage, please contact Benefits at 428-5794.

If you receive clearance in the near future to return to work, you are welcome to re-apply for a position through the Employment Section of the Human Resources department. The Employment Section will attempt to place you based upon your qualifications in light of available vacancies. If it is possible to place you in a position at a later date, you may be entitled to have prior full time service restored. To discuss this, please contact me at 733-1120.

On behalf of Christiana Care, I would like to thank you for your years for service to Christiana Care Health Services. We are sorry that you are not able to continue work at this time.

Please do not hesitate to contact me with any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Athanita Warner'.

Anthanita Warner
Employee Relations Assistant

SECTION I - TO BE COMPLETED FOR ALL REFERRALS BY DEPARTMENT HEAD OR SUPERVISOR (INSTRUCTIONS ON BACK)

NAME (LAST) <i>John</i>	(FIRST) <i>John</i>	(M.I.) <i>J</i>	DATE <i>4/11/04</i>	(TO BE COMPLETED BY THE TREATING FACILITY)	
FACILITY: <i>CHS</i>	DEPT/UNIT	SOCIAL SECURITY NUMBER	JOB TITLE	TIME IN <i>8:45</i>	TIME OUT <i>3:45</i>
				DATE OF BIRTH <i>1961-06-15</i>	HOME PHONE: <i>302-736-8614</i>

MEDICAL AUTHORIZATION:

I understand that Christiana Care maintains information in paper and electronic form.

I authorize EHS to access Christiana Care's information pertinent to my care

SYMPTOM OR PROBLEM:			EMPLOYEE SIGNATURE <i>John</i>		
1. <input type="checkbox"/> OCCUPATIONAL INJURY/ILLNESS - COMPLETE BELOW 2. <input type="checkbox"/> NON OCCUPATIONAL INJURY/ILLNESS			AUTHORIZE SIGNATURE/SUPERVISOR OR MANAGER:		
A. ACCIDENT OCCURRED	HOSPITAL/SITE	DEPT / UNIT	DATE OF INJURY	HOUR OF DAY	MACHINE, TOOL OR OBJECT CAUSING INJURY / ILLNESS
THIS SECTION IS REQUIRED FOR OCCUPATIONAL INJURIES			LOCATION WHERE INJURY OCCURRED	DATE SUPERVISOR NOTIFIED	SUPERVISOR'S NAME
B. FULL DESCRIPTION OF INJURY (DESCRIBE EXACTLY WHAT HAPPENED IN ORDER OF EVENTS AND WHY IT HAPPENED. INDICATE APPARENT INJURY AND CONDITION OF EQUIPMENT OR APPAREL WHERE SIGNIFICANT)			WITNESS:		

SECTION II - TO BE COMPLETED BY PHYSICIAN AND/OR NURSE

1. DISPOSITION:			2. STATUS		
<input checked="" type="checkbox"/> CLEARED FOR WORK <input type="checkbox"/> RESTRICTIONS: <i>IS on lifting restriction</i>		<input type="checkbox"/> OCCUPATIONAL INJURY/ILLNESS <input checked="" type="checkbox"/> NON-OCCUPATIONAL INJURY/ILLNESS			
<input type="checkbox"/> SEND HOME <input type="checkbox"/> REMAIN ON DUTY		<input type="checkbox"/> REVIEW: (Reason)			
REFERRED TO: 15001 S(87680)(0501)	APPT:	PROVIDER: <i>Joe Boller, PTA</i>	RETURN VISIT DATE	RTW DATE <i>4-13-04</i>	

Ross M. Ufberg, M.D.
Medical DirectorWilmington
Pain & Rehabilitation
CenterPhysical Medicine & Rehabilitation
Electromyography
Sports Medicine

5 April 2004

Jeffrey Mack
UNUM Life Insurance Company of America
The Benefits Center
P.O. Box 9500
Portland, ME 04104-5058

RE: Ford, Stephanie
CL#117934
Policy #530503

Dear Mr. Mack:

I am appalled that your "medical consultants", without even examining Ms. Ford can look at my office notes and determine disability. What is more incredible is that no matter what the circumstances it seems that you believe a two to four weeks recovery period is that which should be typically allowed for an acute sprain/strain injury. My patient, Ms. Ford, was involved in a significant motor vehicle accident on 10/27/03 sustaining over \$1400 damage to her vehicle. When I first her on 10/30/03 she demonstrated significant spasm over her cervical musculature and on 11/10/03 still had marked limitation over her cervical and lumbosacral spine range of motion which did not permit her to do her job duties. It is interesting that in the eight pages of your letter, no where do you detail a description of the physical requirements of Ms. Ford's job or even what it is. Ms. Ford's job duties at Christiana Care as an x-ray clerk in the mammography department requires frequent bending and lifting with occasional lifting of heavy x-ray films.

Based on my history and physical examinations, Ms. Ford has been incapable of returning to that work and appropriate disability slips were given. On her most recent visit of 3/29/04, Ms. Ford had significant spasms over her left lumbar paraspinal muscles.

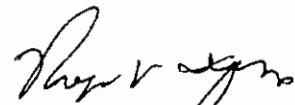
Ms. Ford has been cleared for a trial of return to work with 15 pound lifting restrictions effective 4/13/04. Her period of disability from 10/27/03 through 4/12/04 has

Ford, Stephanie
5 April 2004
page 2

been reasonable, medically, and causally related to her injuries in the motor vehicle accident of 10/27/03.

I hope that this information has been helpful.

Very truly yours,



Ross M. Ufberg, M.D.

RMU:dlb
CC: Medical Records Chart
Stephanie Ford



47SS Ogletown-Stanton Road
PO Box 6001
Newark, Delaware 19718-6001
302-733-1000

January 26, 2004

Stephanie Ford
19 Albany Ave.
New Castle, DE 19720

Dear Stephanie:

I was unable to reach you by phone. I wanted to write to you concerning our leave of absence policy. The Christiana Care's leave of absence policy provides that you would be eligible for reinstatement to your department in a job of similar nature if you return to work within twelve weeks from the effective date of your leave. The policy also provides that if your medical leave extends beyond twelve weeks, your position can be filled. After twelve weeks, however, you should maintain contact with me on a monthly basis to determine your ability to work and the availability of positions within Christiana Care. If you are cleared to return to work prior to the conclusion of your second 12 weeks, you are no longer eligible for a leave of absence. Therefore, if you are not able to return by **April 13, 2004**, it will be necessary to remove you from payroll. However, I am available to assist you in obtaining placement and answering questions that may come up during this period. You can reach me at (302) 733-1120.

If you are covered by Christiana Care's long term disability plan (LTD), please contact the Benefits Section. Any questions regarding this plan can be directed to Debra Lewis in the Benefits section at 428-5764.

If you have any questions or concerns, please don't hesitate to call me. I sincerely hope that you will be able to return to work soon. Again, please stay in contact with my office at least every thirty days.

Sincerely,

A handwritten signature in black ink, appearing to read 'Athanita Warner'.

Anthanita Warner
Employee Relations Assistant

TO: Mrs. Susan Jeanette
841 Silverlake Blvd.
Rodney Building
Dover, DE. 19904
November 12,2004

FROM: Stephanie L. Ford
19 Albany Ave.
NewCastle, DE.19720
(302)658-6740

RE: Consideration of Denial of My Disability Benefits from UnumProvident Insurance
Related to Injuries and Employment Status.

Dear Mrs. Susan Jeanette

Thank you for taking the time to resolving this matter with UnumProvident. Per telephone conversation I was in a automobile accident on October 27,2003 in NewPort De. W/B DE. 4 West Newport Pike Approaching ShopRite shopping center I made a complete stop at the intersection turning right. The other driver Mr. Isidoro Sanchez-Olmos, was traveling east on DE. 4 Newport Pike turning far right approaching the ShopRite shopping center. Mr. Olmos abruptly decided to proceed onto the highway as I was turning into the shopping center. Hitting my 2002 Toyota Pickup truck right side back panel, and leaving the scene of the accident. I sustained rib pain, head and neck injuries. As a result of this accident I am constantly in a great deal of pain. Please see Hospital and Doctors notes. At the time of this accident I was employed at the Christiana Care Health Systems and The St. Francis Hospital parttime casual. On November 13, 2003, I requested for leave of absence with Christiana Care Health Services. On February 24, 2004 Unum Provident received the Disability request. On April 20 2004, Unum Provident denied my request for benefits, because their "specialists "felt my symptoms were not consistent with the time needed to recover. Along with the Incomplete police report. I did appeal the decision on April 26,2004 (see enclosed appeal letter). On June 28,2004 I received another letter that denied my request for disability. My physician , Dr. Ross M. Ufberg was outrage by decision to my claim ; Enclosed you will find the letter Dr. Ufberg wrote to Jefferey Mack , a Unum Provident representative that depicts the injuries I sustained. I am in a lot of pain constantly and probably will be in pain for the rest of my life. This past year has been extremely stressful And has put a huge strain on me and my family. I have been working at Christiana Care Health Services For past 17 years , I have lost my job due to injuries I could not control. Please re-evaluate all the material and letters I have enclosed.

Sincerely,
Stephanie L. Ford
#268231

To: Mrs. Donna Lee Williams
841 Silverlake Blvd.
Rodney Building
Dover, De. 19904
October 19,2004

From: Stephanie L. Ford
19 Albany Ave.
Newcastle, De. 19720

RE: Consideration of Denial of My Disability Benefits from Unum Provident Insurance
Related to Injuries and Employment Status.

Dear Mrs. Williams

I am writing this letter to request a special hearing be held with me and my
Representatives; to discuss the action of the Administrative staff of the hospital
In consultation with the insurance company of UnumProvident, has taken regarding
Me and my employment at the hospital.

I request that this meeting be held as soon as possible.

Sincerely yours,



CC: PF

To: Dr. Robert Laskowski
Christiana Care Health Services
Board of Directors
P.O.Box 6001
Newark, Delaware 19718
October 17, 2004

From: Stephanie Ford
19 Albany Ave
NewCastle,De. 19720
(302)658-6740

RE: Consideration of Denial of My Disability Benefits from Unum Provident Insurance
Related to Injuries and Employment Status.

Dear Dr. Laskowski
I am writing this letter to request a special hearing be held with me and my
Representatives; to discuss the action of the Administrative staff of the hospital
In consultation with the insurance company of UmunProvident, has taken regarding
Me and my employment at the hospital.
I request that this meeting be held as soon as possible.

Sincerely yours,



CC: PF

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 5/3/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

 Totally incapacitatedfrom job
duties at Partially incapacitatedSt. Francisfrom 5/3/04 to 6/20/04 *

secondary to a:

 motor vehicle accident on 10/27/03 work accident on _____ illness other

Remarks: _____

Signed: Dr. Ufberg

*patient to be re-evaluated prior to any change in disability status.

ROSS M. UFBERG, M.D.

WILMINGTON PAIN & REHABILITATION CENTER, P.A.

1021 GILPIN AVENUE, SUITE 101

WILMINGTON, DELAWARE 19806

TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 1/20/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

 Totally incapacitated Partially incapacitatedfrom 1/20/04 to 2/23/04 *

secondary to a:

 motor vehicle accident on 10/27/03 work accident on _____ illness other

Remarks: _____

Signed: Stephanie Ford

*patient to be re-evaluated prior to any change in disability status.



Wilmington
Pain & Rehabilitation
Center

Physical Medicine & Rehabilitation
Electromyography
Sports Medicine

22 December 2003

RE: Ford, Stephanie
WPRC# 8530

The patient continues to note significant neck and posterior shoulder pain and stiffness and pulling sensations. Overall, she has noted some improvement in her back discomfort. She is using Motrin 600 mg. during the day for pain and Flexeril 5 mg. $\frac{1}{2}$ to one tablet nightly which does help her rest. She notes improvement with the outpatient therapy. She is attempting her home program of stretching exercises.

Physical Examination:

Reveals a thin-black female in moderate distress; postured with her shoulders partially shrugged up around her neck.

Range of Motion:

Cervical spine - decreased left rotation 65°, right rotation 50° with decreased lateral flexion bilaterally. Pain noted on rotation and lateral flexion.

Lumbosacral spine - decreased forward flexion limited to 60°.

Muscle Examination:

Mild spasm noted over the upper trapezius muscles with tenderness noted over the trapezius, cervical, thoracic, and lumbosacral paraspinal muscles bilaterally.

Reflexes:

Biceps, triceps, brachioradialis, patellar, ankle jerks, +2 bilaterally.

Impression:

I. Cervical, thoracic, lumbosacral strain.

Ford, Stephanie
22 December 2003
Page 2

Impression (Cont'd):

2. Status-post right sided rib trauma.
3. Bilateral hamstring strain.
4. Right shoulder, arm and forearm strain.

Recommendations:

1. Records and X-ray reports pending from St. Francis Hospital Emergency Room.
2. Continue outpatient therapy to reduce pain symptoms, increase range of motion and tolerance for activity.
3. Continue temporary total disability.
4. Continue Motrin 600 mg. p.o. q6hrs, prn pain with food and Flexeril 5 mg. $\frac{1}{2}$ - 1 tablet p.o. hs., prn muscle spasm.
5. Continue home program of stretching exercises.
6. Re-evaluation in 4 weeks (1/20/04 @ 10:30).


Ross M. Ufberg, M.D.

RMU/slm
cc: PMC

WILMINGTON PAIN & REHABILITATION CENTER, P.A.

1021 GILPIN AVENUE, SUITE 101

WILMINGTON, DELAWARE 19806.

TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 12/22/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

 Totally incapacitated Partially incapacitatedfrom 12/22/03 to 1/20/04

secondary to a:

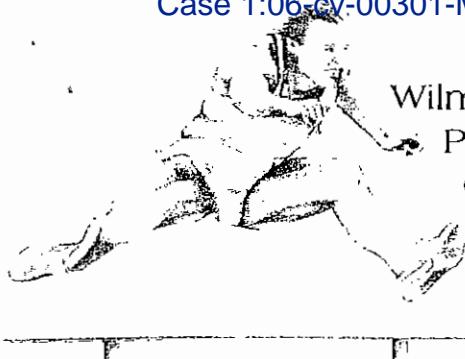
 motor vehicle accident on 10/27/03 work accident on _____ illness other

Remarks: _____

Signed: _____

Dr. S. Uffberg

*patient to be re-evaluated prior to any change in disability status.



Wilmington
Pain & Rehabilitation
Center

Physical Medicine & Rehabilitation
Electromyography
Sports Medicine

4 December 2003

RE: Ford, Stephanie
WPRC# 8530

The patient continues to note significant neck, back, and posterior shoulder pain. She has had less problems with rib discomfort. She is using Motrin 600 mg. daily for pain and Flexeril 5 mg. nightly for muscle stiffness. She states she has been unable to attend therapy the past three weeks due to other medical problems.

Physical Examination:

Reveals a thin black female in moderate distress; postured with her shoulders shrugged up around her neck.

Range of Motion:

Cervical spine - decreased extension, right rotation 40°, left rotation 50° with decreased lateral flexion bilaterally. Pain reported on rotation and lateral flexion bilaterally.

Lumbosacral spine - decreased forward flexion limited to 70°.

Muscle Examination:

Spasm noted over the trapezius and lumbar paraspinal muscles bilaterally with tenderness noted over the trapezius, cervical, thoracic, and lumbosacral paraspinal muscles bilaterally.

Extremity Examination:

Right shoulder - no tenderness noted.

Ford, Stephanie
4 December 2003
Page 2

Chest Examination:

No tenderness noted over the right sided ribs.

Reflexes:

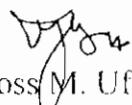
Biceps, triceps, brachioradialis, patellar, ankle jerks, +2 bilaterally.

Impression:

1. Cervical, thoracic, lumbosacral strain.
2. Status-post right sided rib trauma.
3. Bilateral hamstring strain.
4. Right shoulder, arm and forearm strain.

Recommendations:

1. Records and X-ray reports pending from St. Francis Hospital Emergency Room.
2. Restart outpatient therapy to reduce pain symptoms, increase range of motion and tolerance for activity.
3. Continue temporary total disability.
4. Continue Motrin 600 mg. p.o. q6hrs, prn pain with food and Flexeril 5 mg. 1-2 tablets p.o. hs., prn muscle spasm.
5. Continue home program of stretching exercises.
6. Re-evaluation in 3 weeks (12/22/03 @ 11:30).


Ross M. Ufberg, M.D.

ROSS M. L. BERG, M.D.

WILMINGTON PAIN & REHABILITATION CENTER, P.A.

1021 GILPIN AVENUE, SUITE 101

WILMINGTON, DELAWARE 19806

TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 12/4/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

 Totally incapacitated Partially incapacitatedfrom 12/4/03 to 1/4/04 *

secondary to a:

 motor vehicle accident on 10/27/03 work accident on _____ illness other

Remarks: _____

Signed: Stephanie Ford

*patient to be re-evaluated prior to any change in disability status.



Wilmington
Pain & Rehabilitation
Center

Physical Medicine & Rehabilitation
Electromyography
Sports Medicine

10 November 2003

RE: Ford, Stephanie
WPRC# 8530

The patient reports some overall improvement in her neck, back and rib pain. She continues to note tightness over her shoulder slopes and occasionally in her posterior thighs. She has been out of the Flexeril 5 mg. due to being unable to afford the medication. She has been using Motrin 600 mg. daily for pain using her cervical pillow at night. She notes relief with the outpatient therapy.

Physical Examination:

Reveals a thin black female in mild distress.

Range of Motion:

Cervical spine - decreased extension, right rotation 50°, left rotation 60° with decreased lateral flexion bilaterally. Pain reported on rotation and lateral flexion bilaterally.

Lumbosacral spine - decreased forward flexion limited to 60°.

Muscle Examination:

Tenderness noted over the trapezius, cervical, thoracic, and lumbosacral paraspinal muscles bilaterally.

Extremity Examination:

Right shoulder - active abduction full. Tenderness noted over the infraspinatus, deltoid, and biceps muscle.

Right and left lower extremities - no tenderness noted.

Ford, Stephanie
10 November 2003
Page 2

Chest Examination:

Mild tenderness noted over the right sided lower anterior ribs.

Reflexes:

Biceps, triceps, brachioradialis, patellar, ankle jerks, +2 bilaterally.

Impression:

1. Cervical, thoracic, lumbosacral strain.
2. Status-post right sided rib trauma.
3. Bilateral hamstring strain.
4. Right shoulder, arm and forearm strain.

Recommendations:

1. Records and X-ray reports pending from St. Francis Hospital Emergency Room.
2. Continue temporary total disability.
3. Samples of Flexeril 5 mg. 1-2 tablets p.o. hs., prn muscle spasm given to the patient today. Continue Motrin 600 mg. p.o. q6hrs, prn pain with food.
4. Continue outpatient therapy to reduce pain symptoms, increase range of motion and tolerance for activity.
5. Continue home program of stretching exercises.
6. Re-evaluation in 3 weeks (12/4/03 @ 8:30).

Stephanie
Ross M. Ulberg, M.D.

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 11/10/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

 Totally incapacitated Partially incapacitatedfrom 11/10/03 to 12/5/03 *

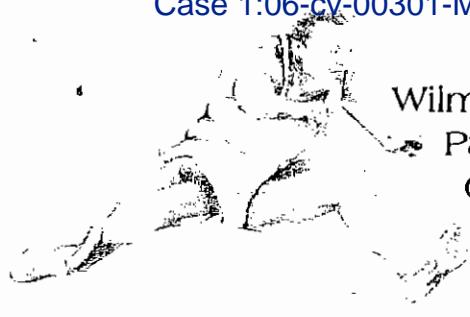
secondary to a:

 motor vehicle accident on 10/27/03 work accident on _____ illness other

Remarks: _____

Signed: Stephanie Ford

*patient to be re-evaluated prior to any change in disability status.



Wilmington
Pain & Rehabilitation
Center

Physical Medicine & Rehabilitation
Electromyography
Sports Medicine

30 October 2003

RE: Ford, Stephanie
Initial Evaluation

The patient presents with chief complaints of neck, upper back, and right sided rib pain. The patient is a 41 year old, right handed, black female injured in a motor vehicle accident on 10/27/03. She was the driver of a pick-up truck, wearing a seatbelt, which was making a left hand turn into the Shoprite on Route 4, when a car coming from the opposite direction made a right hand turn into the patient's lane striking her on the passenger side of her pick-up truck. She recalls being thrown forward being grabbed by the seatbelt. She denied striking her head or any loss of consciousness. That night she noted neck, back, and rib pain. She sought attention at St. Francis Hospital Emergency Room where she was evaluated with X-rays performed.

The patient describes her neck pain as stiffness and tightness across her neck and shoulder slopes. She describes occasional numbness in both forearms and finger tips, left side worse than the right. She denies any weakness in her upper extremities.

The patient describes her back pain as tightness and stiffness across her upper back and shoulder blades. She denies any weakness or numbness in her lower extremities. She denies any bowel or bladder symptoms. She states she has noted some soreness over the back of her thighs.

The patient describes her right sided rib pain as an aching over her lower ribs on the front on the right side.

She has noted good relief with the Motrin 600 mg, which she has been taking daily for pain and resting well with Flexeril 5 mg. at bed time. She has had difficulty getting her neck comfortable at night with her pillows.

Past Medical History:

No previous neck, back, or rib injuries or problems. No previous surgical illnesses. No known drug allergies.

Ford, Stephanie
30 October 2003
Page 2

Social and Functional History:

The patient is single and lives with her 9 year old daughter. She was working two jobs at the time of the accident. Her full-time position is as an X-ray clerk at Christiana Care in the mammography department. This requires frequent bending and lifting with occasional heavy lifting of X-ray films. Her second job is a part time job in environmental services at St. Francis Hospital approximately 25 hours per week performing custodial services which involves bending, lifting and pushing carts. She has been unable to return to either job since 10/27/03 due to her injuries in the motor vehicle accident.

Physical Examination:

Reveals a thin black female in moderate distress. Her posture included her shoulders being in a shrugged up position.

Range of Motion:

Cervical spine - decreased extension, right rotation 55°, left rotation 60° with decreased lateral flexion bilaterally. Pain reported on rotation and lateral flexion bilaterally.

Lumbosacral spine - decreased forward flexion limited to 50°, extension 5°, rotation 50° bilaterally.

Muscle Examination:

Spasm noted over the trapezius and thoracic paraspinal muscles bilaterally with tenderness noted over the trapezius, cervical, thoracic, and lumbosacral paraspinal muscles bilaterally.

Extremity Examination:

Right shoulder - active abduction 120°. Tenderness noted over the infraspinatus, deltoid, biceps, and extensor forearm musculature.

Left shoulder - active abduction 120°. No tenderness noted.

Right lower extremity - tenderness noted over the hamstring muscles.

Left lower extremity - tenderness noted over the hamstring muscles.

Chest Examination:

Tenderness noted over the right sided lower anterior ribs.

Motor Examination:

Upper extremity strength - deltoids, biceps, triceps, wrist flexors, extensors, hand intrinsics, 5/5 bilaterally.

Lower extremity strength - iliopsoas, quadriceps, hamstrings, hip abductors and adductors, ankle dorsi and plantar flexors, 5/5 bilaterally.

Sensory Examination:

Intact to light touch and pinprick.

Reflexes:

Biceps, triceps, brachioradialis, patellar, ankle jerks, +2 bilaterally.

Impression:

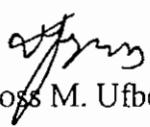
1. Cervical, thoracic, lumbosacral strain.
2. Status-post right sided rib trauma.
3. Bilateral hamstring strain.
4. Right shoulder, arm and forearm strain.

Recommendations:

1. Will obtain records and X-ray reports from St. Francis Hospital Emergency Room.
2. Temporary total disability.
3. Continue Motrin 600 mg. p.o. q6hrs, prn pain with food and Flexeril 5 mg. p.o. hs., prn muscle spasm.
4. Cervical pillow.

Recommendations (Cont'd):

5. Begin outpatient therapy to reduce pain symptoms, increase range of motion and tolerance for activity.
6. Re-evaluation in 1 week (11/10/03 @ 8:30).


Ross M. Ufberg, M.D.

RMU/slm
cc: PMC

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 10/30/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

 Totally incapacitated Partially incapacitatedfrom 10/27/03 to 11/16/03 *

secondary to a:

 motor vehicle accident on 10/27/03 work accident on _____ illness other

Remarks: _____

Signed: _____

Ross M. Ufberg, M.D.

*patient to be re-evaluated prior to any change in disability status.

CHRISTIANA CARE HEALTH SERVICES
REQUEST FOR LEAVE OF ABSENCE

Date 11/13/03

Last day worked:

Name/SS# Stephanie S. Ford 222-56-5931

Paid Leave Start:

Address 19 ALBANY AVE

Unpaid Leave Start:

New Castle De 14720

Projected Return:

Telephone (302) 658-6740

Dept/Cost Center:

I request leave: Medical Personal

for the birth or adoption of a child or for the placement of a child for foster care.

to care for an immediate family member (circle one: spouse, child or parent) with one of the following serious health conditions (certificate required):

because I am unable to work due to one of the following serious health conditions (certificate required):

- period of incapacity or treatment connected with inpatient care in a hospital, hospice or residential medical care facility.
- period of incapacity requiring absence of more than three (3) calendar days from work, school or other regular daily activities or any subsequent treatment/period of incapacity that also involves either continuing treatment by (or under the supervision of) a healthcare provider or treatment two or more times.
- any period of incapacity due to pregnancy or for prenatal care.
- any period of treatment for incapacity due to a chronic serious healthcare condition.
- any period of incapacity which is permanent or long term due to a condition for which treatment may not be effective and for which I am under continuing supervision of a healthcare provider.
- any period of absence to receive multiple treatments by a healthcare provider for surgery after an accident or injury or for a condition that

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (1) **Treatment two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- (2) **Treatment by a health care provider on at least one occasion** which results in a **regimen of continuing treatment** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**

4. Chronic Conditions Requiring Treatments

A chronic condition which:

- (1) **Requires periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (2) **Continues over an extended period of time** (including recurring episodes of a single underlying condition); and
- (3) **May cause episodic** rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

5. **Permanent/Long-Term Conditions Requiring Supervision**

A period of **incapacity** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer's, a **severe stroke**, or the terminal stages of a disease.

6. **Multiple Treatments (Non-Chronic Conditions)**

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a **provider of health care services under orders of, or on the referral by**, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition that **would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

I understand that when my requested leave of absence is for birth or placement for adoption or foster care, it must conclude within 12 months of the birth or placement. Also, use of intermittent leave in such cases is subject to my employer's approval.

I understand that the following terms apply to my FMLA leave of absence:

- I have the option to use accrued paid leave and disability leave for my illness and paid leave only for personal leave.
- My employer will continue to maintain my group health insurance coverage if such coverage was provided before.
- Upon my return I will be restored to my original job or to an equivalent job with equivalent pay, benefits and other employment terms and conditions provided I do not exceed 12 weeks leave in a 12 month period measured backward from the current leave. I will not be entitled to any more rights, benefits, or employment beyond that to which I would have been entitled had I not taken FMLA leave.
- If I am a "key" employee, my employer may refuse to reinstate me upon my return, according to the specified and limited circumstances provided in FMLA of 1993.

I understand that I must request a leave of absence as far in advance as reasonably and practically possible. I must give 30 days notice of my need to use FMLA leave when the need is foreseeable. I understand that I will be required to provide medical certification to support my need for leave due to a serious health condition affecting me or an immediate family member. I also understand that my employer may require second and third medical opinions and period recertifications and I may be required to provide periodic reports during FMLA leave regarding my status and intent to return to work.

I understand that if FMLA leave is needed to care for my immediate family member or for my own illness, and it is for planned medical treatment, I must schedule treatment so that it will not unduly disrupt my employer's operation.

Alphonse L. Dore
Employee's Signature

Employer's Approval

Alphonse L. Dore
1-13-03
Date

Date

Name Stephanie Jord Week 1 of 4

Dates 5/18/04 to 5/21/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal, copy of newspaper ad, email address of job listing, copy of website posting etc. Minimum of 5 job searches per week.

Date 5/21/04 Job Title Team Coordinator / Dvr. Burton Telephone #/Fax # (302) 428-5746 Job recruiter (302) Company/Contact Name Christiana Care Hospital Notes Completed application

File # 5/21/04 Unit Clerk VI / (302) 428-5746 / Christiana Care Hospital / Completed application

File # 5/21/04

Document # 5/21/04 Patient Information Rep. / (302) 428-5746 / Christiana Care Hospital / Completed application

Notes Completed application

File # 5/21/04 Patient Care Technician / (302) 428-5746 / Christiana Care Hospital / Completed application

Notes Completed application

File # 5/21/04 Lab Reception Clerk / (302) 428-5746 / Christiana Care Hospital / Completed application

Notes Completed application

Case # 1:06-dv-00301-MPT

In Search results verified by:

Date:

Additional Comments:

Name Stephanie Fred
Dates 5/24/04 to 5/28/04

Week (if any)

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax trans. initial form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date _____ Job Title _____ Telephone # / Fax # _____ Company/Contact Name _____

1 5/28/04 Clerk : (302) 428-5746 / Christiana Care Hospital / Burton / application
Notes My Job Security is Mr. Rick Burton (302) 428-5746
2 5/28/04 Unit Clerk / (302) 428-5746 / Christiana Care Hospital / Burton / application
Comments

Filed 05/08/2006

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5/28/04 Clerk, (302) 428-5746, Christiana Care Hospital, Pocatello, Idaho

Notes

5/23/04 Dysheatc Operator, (302) 428-5744, Christus ^(Mrs. Burton) Hospital Application

1

-5-

Case 1:06-cv-00301-MPT

b) Search results verified by:

1201 (c)

Additional Comments:

John Bechtel, Jr. 191

Name Stephanie Trul Week 114

Dates 5/1/04 to 5/4/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal print, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date 5/4/04 Job Title

Telephone # /Fax #

Company/Contact Name

1. Mr. Complete

2. OR Tech (302) 428-5744/Christiana Care Hospital/Burton Application

Notes

3. 4/4/04 Clerk II (302) 428-5744/Christiana Care Hospital/Burton Application

Notes

4. 4/4/04 Clerk II (302) 428-5744/Christiana Care Hospital/Burton Application

Notes

5. 4/4/04 Career Development (302) 428-5744/Christiana Care Hospital/Burton Application

Notes

6.

Notes

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Name Stephanie Ford Week 014

Dates 6/7/04 to 6/11/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmitted form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date 6/7/04 Job Title Home Health Assistant Telephone #/Fax # (302) 428-5746 Company/Contact Name Christiana Care Hospital Results Completed application

Notes Interview - 6/9/04 Clerk position Christiana Care Hospital 5c 5th floor.
2 6/11/04 Clerk - (302) 428-5746 - Christiana Care Hospital - completed application

Notes 6/11/04 Assignment Coordinator - (302) 428-5746 - Christiana Care Hospital/Completed application

Document 2-4

Filed 05/08/2006

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Notes 6/11/04 Scheduler - (302) 428-5746 - Christiana Care Hospital/Completed application

Notes 6/12/04 Correctional Officer (302) 739-5458 - The Employee Relation Center/Completed application

Notes 6/12/04 Correctional Officer (302) 739-5458 - The Employee Relation Center/Completed application

Job Search results verified by:

Date:

Delaware Tech College

Additional Comments:

Have appointed Preliminary 6/5/04

Information Session at Delaware Tech

August 5, 2004

10:00 to 12:00

Info Session on the

Job Search Log

(302) 830-5209

Dh. N. Hartman as Medical Admin. Supervisor

10:00 to 12:00

Name: Stephanie Grade: 9

Week of

Dates 5/14/04 to 6/18/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmission, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Telephone # / Fax # _____
Company/Contractor Name _____
Results _____
Date _____
With Title _____

1945/1946 Prof. Dr. Dr. med. Dr. phil. (BDU) 1945-1946 AT Düsseldorf completed Application

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Notes

6/15/04 Environmental Services St. Francis Hospital Complaint received.

Notes

6/18/04 Home Health Nursing Program (302) 428-5746, Christiana Care Hospital Application

NOTES

6/18/04 Assistant Program (302) 428-5746 / Christiana Care Hospital ^{cong. - 1000} application

Notes

6/18/04 Security Officer (302) 428-5746 Christian Care Hospital Complete Application

Notes _____

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Job Search results verified by:

Additional Comments

July 1971

Name Stephanie Bond YR/CR

Dates 6/21/04 to 6/25/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal link copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Document #/MPT	Date	Job Title	Telephone #/Fax #	Company/Contact Name	1 results
	6/24/04	Residency Program Assistant /		Christiana Care Hospital /	Completed application
	6/24/04	Collection Specialist / Home Health /		Christiana Care Hospital /	Completed application
	6/24/04	Operations Support Specialist /		Delaware Psychiatric /	Completed application
	6/25/04	Home Health Assistant / Christiana Care Hospital		Delaware Psychiatric /	Completed application
	6/25/04	Exercise Technician / Christiana Care Hospital		Delaware Psychiatric /	Completed application
Case 1:06-cv-00301-MPT	Received phone call - Mr. John July 428-5268 about stone health position 7/1/04 at Christiana Care Hospital				
	Search results verified by:				
	Additional Comments:				

SEARCHING DATE

Name Stephens, Fred Work

Dates 6/28/04 to 7/1/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date Job Title Telephone #/Fax # Company/Contact Name Results

Notes Interview - 7/2/04 Clerk position/ChristianaCare Hospital Cancer Center

Document 2-4
Pages

Case 1:06-cv-00301-MPT Date:

Search results verified by:

Additional Comments:

Search Log

Name Stephanie Ford

Week ____ of 4

Dates 7/5/04 to 7/9/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

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Date	Job Title	Telephone # /Fax #	Company/Contact Name	Results
<u>1</u> <u>7/7/04</u>	<u>Clerk</u>	<u>(302) 395-0400</u>	<u>Stratus Services Group</u>	<u>Completed application</u>
Notes				
<u>2</u> <u>7/7/04</u>	<u>Security Officer</u>		<u>Bennett Security Services</u>	<u>Completed application</u>
Notes				
<u>3</u> <u>7/8/04</u>	<u>Security Officer</u>		<u>Allied Security</u>	<u>Completed application</u>
Notes				
<u>4</u> <u>7/8/04</u>	<u>Wheetley Staffing Services</u>	<u>Security Officer</u>		
Notes				
<u>5</u>				
Notes				
<u>6</u>				
Notes				

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Job Search results verified by:

Date:

Additional Comments: